



VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
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August 15, 2012

Ms. Teresa Merrill, Administrator
Squier House
26 Union Street
Waterbury, VT 05676

Provider #: 0154

Dear Ms. Merrill:

Enclosed is a copy of your acceptable plans of correction for the relicensure survey conducted on **July 3, 2012**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief

PC:ne

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0154	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	Licensing and Protection (X3) DATE SURVEY COMPLETED 07/03/2012
NAME OF PROVIDER OR SUPPLIER SQUIER HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 26 UNION STREET WATERBURY, VT 05676		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced State Re-licensure Survey and complaint survey were conducted between the dates 7/2/12-7/3/12 by the Division of Licensing & Protection. There were no regulatory findings for the complaint survey. The following are the regulatory violations for the State Re-licensure Survey.	R100		
R167 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to develop a written plan of care for 2 of 5 residents in the applicable sample. The first (Resident # 1) had a PRN (as needed) psychoactive medication and the second (Resident # 2), a PRN anti-anxiety medication. Both of these PRN medications were being administered by non-nursing staff.	R167		

Division of Licensing and Protection

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

Julie Muse RN
7/28/12

6899 H9PL 1

Administrative
7/28/12

If continuation sheet 1 of 8

PMC

Division of Licensing and Protection
STATE FORM

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R167	Continued From page 2 (non-nursing staff) to inform them when to administer one vs. two pills. Per interview with the nurse on 7/3/12 at 10:30 A.M., s/he confirmed the above regarding the anti-anxiety medication.	R167		
R171 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that medications were administered per physician orders. This affected	R171		

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R171	Continued From page 3 1 of 5 Residents (Resident #1) in the applicable sample. Findings include: Per review of the Medication Administration Record (MAR) for June 2012, Resident #1 received routine insulin injections at 8:00 A.M. and 5:00 P.M. daily. Blank spaces were noted on 06/01/12, 06/25/12 and 06/26/12 at 8:00 A.M. No documentation was located in the record or the communication book to indicate if or why the doses had been omitted. Interview with the Registered Nurse on 07/02/12 at approximately 3:00 P.M. revealed that s/he was aware that those doses had been missed. S/he stated that the expectation is that the Patient Care Attendant (PCA) should have initialed the dose, circled it, noted on the back of the MAR why it had not been given, notified the nurse and made a note in the communication book. S/he stated that this was discovered when insulin for the week was being drawn up and there were leftover doses from the previous week. S/he verified that there was no documentation of the missed doses, no physician notification of missed doses and no incident report had been completed to indicate the medication had not been administered according to the physician orders.	R171		
R179 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to	R179	All PCA's have been re-educated on proper documentation of medications given and proper documentation for medications that are refused by a resident. Staff have been educated that if they notice a medication is not documented, they are to communicate that to the RN. Periodic review of the MAR for documentation being done by RN. <i>All residents taking medications have the potential to be affected. RN to assure compliance. R171 POC accepted 8/19/12 Don Henderson/RN/PMC</i>	7/7/12

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R179	Continued From page 4 residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to ensure that 4 of 5 non-nursing staff whose personnel files were reviewed and were providing direct care to residents had at least 12 hours of required educational training documented for the previous calendar year. Findings include: Per review on 7/2/12 of the education/training records for five non-nursing staff members, four direct care staff failed to have documentation of the required 12 hours of training for the previous calendar year and this was confirmed on 7/2/12 at 10 A.M. by the co-owners of the facility.	R179	All training provided will be documented in training manual when it is delivered. Regular in-services and individual training to be done on required topics and additional topics as needed. <i>All staff inservice hours have been reviewed.</i> <i>RN to assure compliance.</i> <i>R179 POC accepted 8/9/12 Douthett/URN/PMC</i>	7/3/12
R234 SS=C	VII. NUTRITION AND FOOD SERVICES 7.1.a.(3) The current week's regular and	R234		

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R234	Continued From page 5 therapeutic menu shall be posted in a public place for residents and other interested parties. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interviews the facility failed to post the current weeks menu in a public place for both residents and other interested parties to see. Findings include: Per initial tour the morning of 7/2/12 and subsequent kitchen tour on 7/3/12 at approximately 1 P.M. with the facility cook, the weeks menu was observed posted on the front of the refrigerator. Per observation, there was also a sign on the kitchen door that asked that 'facility staff only' enter the kitchen. On both 7/2 & 7/3/12 at noontime and after, multiple residents told surveyors that menus were not posted and residents were unsure what was being served at mealtimes. Both the cook on 7/3/12 at 1 P.M. as well as the co-owners of the facility confirmed during the afternoon of 7/3/12 that the menu is not posted in a public place.	R234	<i>All residents in the facility are affected.</i> Menus are done weeks in advance for ordering purposes. In addition to being posted in the kitchen, the weekly menu will also be posted in the dining room every Monday. Residents may also request a copy of the weekly menu. Administrator and kitchen staff will monitor the posting to make sure deficient practice does not reoccur.	7/3/12	
R302 SS=F	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and	R302	<i>R234 POC accepted 8/9/12 DChittenden R/Pme</i>		

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R302	<p>Continued From page 6</p> <p>night. The date and time of each drill and the names of participating staff members shall be documented.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of fire drill records and interview, the facility failed to ensure that fire drills were conducted at varying times of the day, including morning, afternoon, evening and nights. This affected all 12 Residents in the current census. Findings include:</p> <p>Review of the fire drill records on 07/03/12 revealed that six fire drills had been conducted in the previous 12 months. On 08/04/11 a drill was conducted at 12:50. It did not indicate A.M. or P.M. but the comments referenced residents eating lunch. This drill was conducted by the sprinkler agency as part of the yearly check. No evacuation time was noted. On 8/30/11 a drill was conducted at 11:45, again A.M. or P.M. was not indicated. The narrative indicated this was practice for new staff and no evacuation time was indicated. On 10/27/11 a drill was conducted at 1:15 P.M. The evacuation time was 5 minutes. On 11/08/11 a drill was conducted as a training drill for staff at 10:55 and it does not indicate A.M. or P.M. The evacuation time was noted as 3 minutes. On 03/23/12 a drill was conducted at 8:45 P.M. The notes indicated a Resident pulled the alarm. The evacuation time was listed as less than 5 minutes. The comments section indicated that 9 residents responded and three did not and indicated that most residents were in bed and sleeping at the time. On 06/20/12 a drill was conducted at 11:00 A.M. to educate new residents on the process and the sound of the alarm. The comments section indicated that one</p>	R302		

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R302	Continued From page 7 new resident was out of the building to an appointment and was not present. No evacuation time was listed. During interview with the Co-Owners on 07/03/12 at approximately 10:30 A.M. the owner/co-manager verified that all the fire drills had been held between 10:55 A.M. and 1:15 P.M. with the exception of the one at 8:45 P.M. when a Resident had pulled the alarm. S/he stated that this was because there was more staff on day shift to assist with the drill and evacuation. S/he verified that no drills had been held in the late evening, night time or early morning hours, the documentation for many of the drills did not indicate if they were held in the A.M. or P.M. and the documentation did not indicate the evacuation time for most of the drills.	R302	<i>All residents in the facility are affected.</i> Fire Drills will be conducted as per regulation 9.11c and as per Life Safety. Times will vary to include morning, afternoon, evening and night. All drills will be properly documented with the time it occurred and the evacuation time. Additional drills will be planned as necessary to ensure all residents know the evacuation plan and that all staff know their duties. A yearly schedule has been developed. <i>The Administrator is responsible for compliance.</i> <i>R302 POC accepted 8/9/12 DChittenden/RN/AME</i>	7/29/12	